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## BIB DATA SHEET

CONFIRMATION NO. 4061

<b>SERIAL NUMBER</b> 10/590,031	<b>FILING or 371(c) DATE</b> 05/24/2007 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 293949US0X PCT		
<b>APPLICANTS</b> Fabrizio Dolfi, Valbonne, FRANCE; Irina Safonova, Nice, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR05/00370 02/17/2005 <b>** FOREIGN APPLICATIONS *****</b> FRANCE 0401721 02/20/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/29/2008						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES						
<b>TITLE</b> Use of Metronidazole For Preparing a Pharmaceutical Composition For Treating Pathologies Related to the B-Type Receptor of Interleukin 8 and/or to a Pacap Type 1 Receptor						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		